

Commonwealth of Massachusetts

Department of Public Safety

Engineering Division

One Ashburton Place, Room 1301

Boston, MA 02108-1618

Tel: (617) 727-3200 x25218

Fax: (617) 248-0813

WWW.STATE.MA.US/DPS

PERMIT NO. _____

APPLICATION FOR PERMIT FOR BUNGEE JUMPING

Application is hereby made for a permit for bungee jumping. The listed permit fees are submitted in compliance with Chapter 140 of the General Laws, Chapter 807 of the Acts of 1974, and the rules and regulations (520 CMR 5.00) established by the Department of Public Safety in accordance with the requirements of Chapter 30A of the General Laws.

(Print name of Company)

(Date of Application)

(Company Website Address)

(Phone Number)

(Print Contact Name)

(Fax Number)

(Contact Name E-Mail Address)

(Contact Name Title)

(Company Street Address)

(Company City, State, Zip Code)

The following information must accompany this application (please check as attached):

- ☐ A completed detailed application supplied by the Department
- ☐ A certified bank check or cashiers check payable to the Commonwealth of Massachusetts (\$250 annual fee)
- ☐ An original insurance certificate (\$1,000,000 minimum)
- ☐ Sketch of complete platform, bungee cord rigging and air bag including all distances, dimensions, angles and number of connection points
- ☐ Overall sketch showing unstretched cord length and cord length at maximum elongation.
- ☐ A ground layout sketch indicating working areas and dimensions and position of airbag.
- ☐ Bungee cord technical specifications
- ☐ Bungee cord batch technical specifications, including man basket information

Mail this application and the accompanying information to the address as listed above.

I certify under the penalties of perjury that to the best of my knowledge and belief that I have filed all state tax returns and paid all state taxes required under state law.

(Signature of owner)

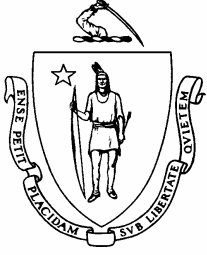
(Date)

(Print Last Name)

(Social Security Number)

Note: Permit will not be issued unless this document has been completed and signed by the owner.

(Authority: Chapter 62, section 49A, Massachusetts General Laws as amended by Chapter 233, Acts of 1983.)



The Commonwealth of Massachusetts

Department of Public Safety

Itinerary

(Print name of Company)

(Date)

(Company Address)

(Phone Number)

(Print Contact Name)

(Contact E-Mail Address)

All itineraries must have a complete location address to fall under the scope of the permit.

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